



Do Not Write or Staple In This
Space.
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Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01038611

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$762,500.00
Discount Amt Taken: \$0.00
Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1		0		TPCN-12.1	TPCN-12.1 (529-10-0013-00001E)	\$762,500.00			
<div>ShipTo ID Non-HHSAS Cntrct ID</div> <div>E893 529-10-0013-00001</div> <div><div>Contract # Wkfc Org PmtDt IC RC</div><div> N</div><div>Invoice DT: 08/28/15 Reqt'd Pay DT: 10/01/15</div><div>Inv Recv'd DT: 08/28/15 Pay Due DT: 10/01/15</div><div>Service DT: 09/01/15 P O DT:</div></div>									
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
Open Item Key:							Conf:N	Certified Amt: 0.00	

Descriptive Legal Text (DLT Comments):

DOS: SEP 2015

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 24 2015

09/23/2015

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Wagner, Cathy J (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

RECEIVED

SEP 22 2015

Health & Human Services
Commission

STATE OF TEXAS

HHSC ACCOUNTING

Page 1 of 1

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

1. Agency number 529		3. Agency name Health & Human Services Commission		4. Current document number 103 8611	
9. Texas identification number 1760802397 8-000		10. PDT 2016		12. Purchase Order number 7253	
14. Payee name / address Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746		15. Agency use 17. AGENCY USE		13. Document amount \$762,500.00	
18. SFX 001		FY 2016		Amount \$ 762,500.00	
DeptID/Speedchart 716		Invoice date 8/28/2015		Invoice number / Account Number TPCN-12.1	
Requested Payment Date 5 DAY PAY		Interest Control		Reason Code	
18. SFX 001		FY 2016		Amount \$ 762,500.00	
DeptID/Speedchart 716		Invoice date 8/28/2015		Invoice number / Account Number TPCN-12.1	
Requested Payment Date 5 DAY PAY		Interest Control		Reason Code	
18. SFX 001		FY 2016		Amount \$ 762,500.00	
DeptID/Speedchart 716		Invoice date 8/28/2015		Invoice number / Account Number TPCN-12.1	
Requested Payment Date 5 DAY PAY		Interest Control		Reason Code	
19. SERVICE / DEL DATE September 2015		20. DESCRIPTION OF GOODS OR SERVICES Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E. Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016.		21. QUANTITY 1	
22. UNIT PRICE \$ 762,500.00		23. AMOUNT \$ 762,500.00			
24. VENDOR CERTIFICATION		Phone (Area code and number)		25. Entered by	
Vendor Contact Name		Phone (Area code and number)			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE <i>Beth Zahn</i>		Printed Name Beth Zahn		Phone (Area code and number) 512-206-5111	
Agency Approver SIGN HERE <i>Marilyn Eaton</i>		Printed Name Marilyn Eaton		Phone (Area code and number) 512-206-5187	
				Date 21-Sep-15	
				Date 9/21/2015	

Form 4116 02/2015

Ev 9/23/15



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Beth Zahn
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615**Account:**

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.1

Invoice Date: August 28, 2015

Due Date: September 30, 2015

For Professional Services Rendered:**RE:**

Contract Number: 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.1: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: September 30, 2015

\$762,500.00

Amount Due

\$762,500.00

1101 S CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746
TEL: 512-637-7011 • FAX: 512-637-7012 • WWW.TEXASPREGNANCY.ORG